

**OFFICIAL Proposer Comments/Questions and Responses**  
**CA Medicaid Management Information System – Fiscal Intermediary Project**  
**(RFP 08-85022)**

Question #	Reference #	RFP Reference	RFP Section	Pg #	Question/Comment	Response
1.	534	Bulletin 19, Question # 92  Exhibit A, Attachment II	Section R. Field Office TAR Automation Job Titles	143 of 319	Due to the expansion of the various TAR systems (SURGE, KTAR, list remainder), the operational support for UMD, IHO, MCM, FOAG, Headquarters, Vision PA, and Appeals staff has grown substantially. This support is currently provided under Change Order 3 that requires three liaison positions for the FOAG. Can the Department confirm that the three liaison positions identified will be a continued requirement?	DHCS will clarify the requirement in an addendum.
2.	548	Bulletin 23, Question #35			In regards to the “letters to prescribers and pharmacists,” are the efforts surrounding this function cost reimbursed, i.e. printing, material, postage etc. Otherwise, what volume assumptions should bidders make to appropriately cost this effort?	No change required to the RFP.  The Retrospective DUR letters or information sent to prescribers and pharmacists are handled through the Provider Bulletin Process and reimbursed in accordance with Exhibit B-1, Section 7.
3.	549	Bulletin 23, Question #46			Thank you for the clarification that DDI progress payments are not tied to the BRE. However we still have a question regarding the payment of the BRE enhancement.  Attachment B indicates that enhancement payments are based on approval of the required deliverables... namely SFD, Project Plan, Test Plan, TSD, Programming, Testing, E&T, Implementation, and PIR, however for the BRE these deliverables do not apply. Would the	DHCS will clarify this language in an addendum.

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					Department agree that for the BRE the payment percent would be based on: Phase 1: Rules Extraction Plan, Project Plan – 20% Phase 2: Taxonomy Classification Scheme, Configured COTS Requirements Tool, Requirement Traceability Matrix – 60% Phase 3: Rules Extraction Report – 20%	
4.	551	Bulletin 23, Question #74			To insure consistency between electronic and paper TAR submission does the Department want the vendor to standardize the requirements so that paper and electronic submission requests the same information?	No Change required to the RFP.  As part of the Service and Treatment Authorization system replacement, the paper TAR formats should be consolidated and be standardized with the electronic format. See Exhibit A, Attachment VI, Section 4.5
5.	552	Bulletin 23, Question #77			Will the Replacement system need to accommodate the price-spreading policy? And will the Operational Requirements for the Replacement System include those requirements identified in Exhibit A, Attachment II, Section D.7 and D.8?	No change required to the RFP.  The RFP requires that all current functionality including the requirements listed in Exhibit A, Attachment II must be incorporated into the Replacement System. Please see Exhibit A, Attachment VI, requirement 1.1.1.1.
6.	559	Bulletin 26		9	"Please further clarify DHCS' response to question 22 in Bulletin 26 relating to requirements for takeover and replacement of CMS-Net functionality. In the response DHCS "requires the bidder to take over all current functionality of the CMS-Net system". Based on requirements listed in the RFP, it appears that	Contractor's responsibility during Takeover and Legacy Operations includes only continued support for the interfaces to and from CMSNET as it exists today and will not include help desk function for county and regional offices, the maintenance and operation functions currently performed by R Systems, Inc., or infrastructure support for the hardware/software environment

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					<p>contractor's responsibilities during the Takeover and Legacy Operations phases contractor responsibility includes only continued support for the interfaces to and from CMS-Net and does not include help desk function for county and regional offices; the maintenance and operation functions currently performed by R Systems, Inc.; or infrastructure support for the hardware / software environment implemented at DTSDC. Please confirm the exact requirements for CMS-Net during the Legacy Takeover Phase.</p> <p>DHCS' answer to question 22 also indicates that bidders must incorporate all current CMS-Net functionality as part of the replacement of the SURGE and TAR/SAR authorization systems including the help desk function. This is consistent with requirements listed throughout the final RFP. However, in the response to question 8 in Bulletin 23, DHCS states "The Contractor is only responsible for accepting the Authorizations from CMS-Net, integrating them with the other SARs and TARs as part of the replacement SURGE software and processing associated claims." This seems to indicate that the SURGE replacement</p>	<p>implemented at DTSDC.</p> <p>DHCS requires full replacement of the CMSNET and SAR functionality, including help desk, with the TAR Replacement.</p> <p>DHCS has included CMSNET and help desk metrics in the data library.</p>

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					<p>system would only be required to continue interfacing with CMS-Net, and would not be a full replacement. Please clarify the exact requirements for CMS-Net replacement or integration as part of the SURGE replacement system.</p> <p>If the replacement system requirements do include help desk operation, will the state please make available in the data library additional information detailing current staffing, call volumes, hours of operation, scope of assistance and other relevant data to allow an informed solution and response?"</p>	
7.	560	Bulletin 26		8	The responses to questions 20 and 21 indicate that DHCS will be establishing a Consent Directive solution and the Contractor's HIE Enhancement will need to interface with this solution. Can DHCS verify the source of the Consent Directive? (i.e., State policy, or federal mandate)	<p>No change required to the RFP.</p> <p>The current RXHUB consents are done at the point of care by the Providers manually.</p> <p>The Department will be developing an electronic consent directive based on State directives currently in the policy development stage.</p>
8.	562	Bulletin 26, Question #2  Exhibit A, Attachment III	Section A.6.a.3	15 of 32	<p>Bulletin 26 answered question #2 reference #153, however we want to clarify what activities are billable and not billable under the SDN and all SDLC phases.</p> <p><b>Original Question:</b></p>	<p>DHCS will modify the RFP in an addendum.</p> <p>The SIA is non-billable even when performed as part of an SDN.</p>

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					<p>It is our understanding that under the current contract, there is a security risk assessment deliverable as part of the SDN/OIL/EFIX/PS process. Will this still be a requirement under the new RFP and how will it be handled as a non-billable item or a billable item?</p> <p><b>Original Answer:</b></p> <p>DHCS will modify the RFP in future addenda.</p> <p>Yes, a security impact assessment (SIA) will be a requirement under the terms of the new contract. The SIA will be part of the ACL and non-billable.</p> <p><b>Follow-up question:</b></p> <p>The Department stated in Attachment III on page 15 of 32 that “All SDN activities are billable beginning with the Ten-day (10 State workdays) Estimate and include all SDLC Phases.” If SIA’s are required on SDN’s based on the contract language this would be an activity that would be billable.</p> <p>The response to question seems to</p>	

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					contradict the language in Attachment III. Please provide what activities following the 10-Day are billable and which activities are non-billable.	
9.	563	Bulletin 26, Question #22, Reference 270  Exhibit A, Attachment IV,	Section B.2.2	10 of 23	<p>The Department has indicated that a help desk function is required as part of the CMS-Net replacement. Please elaborate on the anticipated function of the help desk under the replacement system: what types of help are provided in the help desk? To whom is the help provided (e.g., providers?, CMS staff?, County staff? Members? Etc.)</p> <p>Is the Help Desk considered a part of the call center, and as such covered as part of the expected monthly call volume (and are these calls to be covered as part of the per call rate indicated in Exhibit B, 4.i (page 38 of 58))? If part of the call center, what are the operating hours and other service level agreements?</p> <p>If not part of the call center, is the help desk to be covered as part of the ACL, hourly reimbursed, or included in some other portion of the bid (e.g., which bid sheet to be used, etc.)?</p>	<p>No change required to the RFP.</p> <p>A description of CMSNET help desk activities and information has been added to the data library.</p> <p>Operation of the Help Desk is covered as part of the ACL. Should the call center be leveraged for the CMSNET Help Desk, these calls must be isolated and are non-billable.</p>
10.	565	Bulletin 26, Question #22, Reference	Section B.2.2	10 of 23	<p>Re: CMS-Net Replacement</p> <p>We have reviewed the DHSRFP6001 final 102105c.doc document in the Data Library. Section III.1.2.1 and</p>	<p>No change required to the RFP.</p> <p>Additional CMS Net information can be found in the Data Library at: CAMMIS-FI</p>

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		270  Exhibit A, Attachment IV			III.1.2.2 provide CMS-Net System Statistics. The statistics are dated as of June 2005. Please provide current statistics and anticipated growth to allow bidders to properly size the conversion and replacement CMS-Net system.	<p>Procurement Data Library 08-85022  &gt; Supporting CA-MMIS Information  &gt; TAR Processing Centers.</p> <p>Current statistics are as follows:</p> <p>The current database size is approximately Fifty (50) Gigabytes.</p> <p>The current caseload is approximately One Hundred Seventy-Eight thousand (178,000) and slightly lower than stated in the CMS Net RFP found in the data library.</p> <p>The CMS Net RFP also indicated a historical growth rate of 20%. That growth percentage is no longer accurate. Current growth for total caseload is between 5% and 8% per year.</p> <p>The two Counties that have come on to CMS Net since 2005 are Orange and Sacramento and are included in the totals.</p> <p>LA County data is included in these totals even though they are not currently converted into the CMS Net application.</p>
11.	568	Bulletin 26, Question #21, Reference 260	Section B.2.2	10 of 23	Follow-up question based on the Departments answer in Addendum 26. Our question: Has DHCS defined specific consent directive functionality desired (e.g. ER physician ability to override directives?) in the HIE	<p>No change required to the RFP.</p> <p>None of the described requirements have been finalized as of this date. The following answers are based on the current view for the Department.</p>

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		Exhibit A, Attachment IV			<p>enhancement?</p> <p>Department Answered: DHCS will modify the RFP regarding this enhancement in future addenda.</p> <p>It is the intent of the Department that this enhancement shall enable the ability for Provider's to send override updates for consent to the Department's Consent Directive solution.</p> <p>Follow-up question:</p> <p>Can you please clarify how the consent application will work in regards to:</p> <p>Patient Identification – Is the Medicaid ID, the unique identifier that will be used, or will this be a probabilistic match in the consent application.</p> <p>Provider Filtering - Will the consent application identify providers using the NPI? How does this apply to organizations? Is any user in this organization covered?</p> <p>Clinical Data Filtering – Will the consent application allow the member to hide encounters or types of event. How will this information be captured</p>	<ol style="list-style-type: none"> <li>1. The majority of transactions will have the Medi-Cal identifier for direct access to the consent directive application. Some transactions will come from Providers that don't have a Medi-Cal identifier and will use a probabilistic match against the Department managed Master Patient Index (MPI).</li> <li>2. The consent application will have Provider filtering based at an organizational level with the ability to exclude individual Providers within an organization. Provider filtering may be based on NPI or Medi-Cal assigned provider ID's.</li> <li>3. Clinical Data Filtering will be a part of the consent application capabilities. E.G. Behavioral Health</li> <li>4. It is envisaged that members can specify that no-overrides are allowed and notification shall be given for any overrides.</li> </ol>



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					and sent to the HIE?  Overrides – Can the member specify that no-overrides are available? If overrides are enabled, is there a requirement to inform the member of this event?	
12.	569	Bulletin 26, Question #23, Reference 331  Exhibit A, Attachment VI	Section C.16	34 of 319	Please clarify if the Contractor will be required to use the existing Computer Associates Service Desk product for the CRM system.	No change required to the RFP.  The Contractor is not required to use the existing Computer Associates product for the Customer Relationship Management component of the Replacement System.
13.	561	Bulletin 27, Addendum 6		11	Beginning with the Project Personnel section for Takeover, all Project Personnel sections include criteria related to job descriptions. Because the job descriptions are currently requested by phase and are required to be placed at the end of each Project Personnel section, there will be, by necessity, a significant amount of duplication due to the fact that many of the job titles are replicated among the various phases. In order to avoid duplication of hundreds of pages of job descriptions, we recommend that the State take the same approach that it has taken for resumes. The RFP currently asks for resumes to be placed in the Appendix.	The Department agrees with the recommendation “that the job descriptions be placed in the Appendix and, for job descriptions that are applicable to more than one phase, we recommend that they only be included once in the Appendix” with the added requirement that the job description includes an indicator for all phases it applies to. Additionally, each resume submitted shall identify all applicable job titles and shall cover requirements for each phase identified for each resource. And all resources included this way (in multiple phases) shall possess all skills required and these are included in the resume.

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					Therefore, we recommend that the job descriptions be placed in the Appendix and, for job descriptions that are applicable to more than one phase, we recommend that they only be included once in the Appendix.	
14.	570	Bulletin 28 Addendum 7  Exhibit A, Attachment VI	Section 4.5.4	129 of 211	Can the Department provide counts on number of county and regional office users that would need access to Replacement system for CMSNET and SAR functionality?	No change required to the RFP.  CMSNet has estimated 1500 concurrent users and 3000 user ids.
15.	571	Bulletin 28  RFP Main	Section C	15	<p>Contract Term: The RFP states: "The term of the resulting agreement is expected to be 75 months and is anticipated to be effective from October 1, 2009, through December 31, 2015. DHCS may extend the Contract using up to five (5), one (1) year optional extensions."</p> <p>It is our understanding that the pricing would aligned with the State's Fiscal Year. If that is correct, would the State please confirm that the following Contract dates are correct?</p> <p><b><u>Base Contract:</u></b>  Contract Date: 10/1/2009 to 12/31/2015</p> <p><b>Takeover:</b> 10/1/2009 to 6/30/2010  <b>Contract Operations:</b></p>	The contract dates as stated in the question are correct.

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					<p>7/1/2010 to 6/30/2015 (Phase 1-5)  <b>Turnover Run Out:</b> 7/1/2015 to 12/31/2015</p> <p><b><u>Extensions – 5 One Year Options</u></b></p> <ol style="list-style-type: none"> <li>1. 7/1/2015 to 6/30/2016</li> <li>2. 7/1/2016 to 6/30/2017</li> <li>3. 7/1/2017 to 6/30/2018</li> <li>4. 7/1/2018 to 6/30/2019</li> <li>5. 7/1/2019 to 6/30/2020</li> </ol> <p><b>Turnover Run Out:</b> 7/1/2020 to 12/31/2020</p> <p>Please confirm these are the correct dates.</p> <p><b><u>In addition, if our understanding is correct and these dates are correct, we believe that the graphic in Bulletin 4 may be incorrect.</u></b></p>	
16.	573	Bulletin 28 RFP Main		41	It is our understanding that IEEE 12207-1996 has been superseded by IEEE 12207-2008. The Software Resolution Process is now numbered 7.2.8. Would the Department please consider updating these sites with the most recent standards?	DHCS will modify the RFP in an addendum. Standard has been changed to 12207-2008.
17.	574	Bulletin 28 RFP Main		43	It is our understanding that IEEE 12207-1996 has been superseded by IEEE 12207-2008. Would the Dept please consider also updating these sites on page 43 with the most recent standards?	DHCS will modify the RFP in an addendum. Standard has been changed to 12207-2008.

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18.	575	Bulletin 28  Exhibit A, Attachment II	Section JJ.6.c.3) & JJ.25.f.	265 & 278	The language in JJ.6.c.3) indicates that the Department will review and approve problem statement documentation, including the Problem Statement; however, the Department Activities in JJ.25.f. have been revised and do not include the problem statement as a reviewed and approved document, nor does other language in sections JJ.5 or JJ.6 which refer to the problem statement process. Would the Department please confirm and/or revise the language in JJ.6.c.3) to remove PS's from the items being reviewed and approved by the Department?	DHCS will modify the RFP in an addendum.  It is the Department's intent to review and approve all problem statements.
19.	580	Bulletin 28  Addendum 7  Exhibit B, Attachment I	Enhancement 2 & 16-18 Enhancements	8 of 24	Ongoing operational cost To satisfy the requirements for the HIE Enhancement there will be ongoing maintenance costs for hardware and software. In the cost sheets there is no section included to capture these ongoing costs should the department elect not to implement this enhancement. There should be a separate cost item to capture these ongoing costs. Could the State please add this as appropriate?	No change to the RFP required.  The Department decided not to add any ACL adjustment for the HIE enhancement.  It is the intent of the Department that the Contractor shall bid all ongoing operations costs as part of their DDI bid for this enhancement based on the specified requirements.
20.	582	Bulletin 28  Exhibit E	Section 19.A.2	30 of 109	In this section, DHCS describes the requirement for an automated COTS tool for tracking and reporting time. At the bottom on this section, DHCS added the following text: "In addition, the Contractor shall maintain, by pay	The Department will not accept electronic versions of time sheets. All time sheets submitted with Contractor invoices must be submitted in hard-copy, and must be signed by both the employee and their direct supervisor.

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					<p>period, timesheets that are signed by the employee and their immediate supervisor.”</p> <p>In utilizing an automated time tracking system, hard copy timesheets with signatures are not created. Approvals are done online and records are maintained in the automated time tracking system.</p> <p>Would the State consider accepting electronically approved signatures as long as an audit trail is included?</p>	
21.	218	Exhibit A Attachment II	Section R, Exhibit 2-1	143 of 319	The RFP includes two FOAG trainers for UMD, IHO, MCM, FOAG, Headquarters, Vision PA, and Appeals. Change Order 3 expanded the number of FOAG training responsibilities due to various TAR systems, increased operational support for UMD, IHO, MCM, FOAG, Headquarters, Vision PA, and Appeals. To ensure the Department receives dedicated support for these FOAG groups, we recommend that FOAG training staff levels be increased to three.	<p>DHCS will modify the RFP in an addendum.</p> <p>Note: FOAG trainers will be increased to 3.</p>
22.	554	Exhibit A Attachment II	Section RR.	318 of 319	Currently the RxHub fee for the e-prescribing transactions is cost reimbursed. Will these fees continue to be cost reimbursed or should the bidder include these costs in their bid sheet for e-prescribing?	<p>DHCS will clarify cost reimbursement in an addendum.</p> <p>All costs except the current fifteen (15) cent Provider reimbursement to SureScripts for each annual fee per beneficiary shall be part</p>

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						of the BVMP Bid Sheet Attachment 16-10. The current RxHub provider reimbursement will be cost reimbursed by DHCS based on actual charges submitted to the Contractor for payment from SureScripts.
23.	555	Exhibit A, Attachment IV	HIE Enhancement	9 of 23	The CCR is referenced in the last paragraph and wanted to confirm that the intent is the CCR, not a Continuity of Care Document (CCD) data set.	No change required to RFP.  The Department confirms that the Continuity of Care Record (CCR) referenced is the American Society for Testing and Materials (ASTM) standard.
24.	556	Exhibit A, Attachment IV	HIE Enhancement	10 of 23	Three part question: <ul style="list-style-type: none"> <li>○ Which internal and external users does the Department envision needing HIE HUB training?</li> <li>○ How many does the Department see trained? <ul style="list-style-type: none"> <li>○ Internal users?</li> <li>○ External users?</li> </ul> </li> <li>○ Where are these users located?</li> </ul>	1. The Department envisions that DHCS oversight and headquarters staff shall need HIE HUB training. The Department does not envision external users needing HIE HUB training; however the Department does envision the Contractor working with external stakeholders to configure the HIE HUB to communicate with State adopted HIE applications. 2. The Department sees 20 DHCS staff trained initially with regular training annually. For external users, DHCS is requiring that a minimum of three (3) HIE implementations shall occur during the life of this enhancement within CA-MMIS. The Proposer shall include the configuration and interfacing with these 3 HIE implementation stakeholders as part of their pricing. This does not include the end-users of these HIE implementations.

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						3. These users are located at DHCS headquarters and the Contractor operations facility where the State staff resides.
25.	292	Exhibit B Attachment I	Sections A.4 and A.4.b	14 of 58	We recommend clarification of this section to include the other billable categories. Please modify text to say, "except for ACLs and other transaction based billing categories which will be payable....."	DHCS will clarify this language in an addendum.
26.	4	Exhibit D(F)	Paragraph 10.b "Retained Rights/License Rights"	(11, Draft 2)	<p>Draft RFP Exhibit D(F) would grant DHCS a much broader license than required by the federal regulations. Paragraph 10.b of Exhibit D(F), "Retained Rights/License Rights", creates a license to DHCS for a contractor's proprietary software. That provision too narrowly defines the scope of software that qualifies as proprietary software that is continued to be owned by the contractor. It then grants a virtually unlimited license back to DHCS that threatens to eliminate any economic value provided to the contractor by those ownership rights.</p> <p>We propose that the following revisions be made to the language of Paragraph 10.b.(1):            Except for Intellectual Property <u>first</u> made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly <del>or</del></p>	<p>No change required to the RFP.</p> <p>Federal regulations in 45 CFR 95.617, <i>Software and ownership rights</i>, still apply to today's MMIS procurements.</p> <p>Any proposed transfer system shall be verifiable as to the origin of the code base and shall adhere to Exhibit E, Provision, 25. DHCS Ownership.</p>

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					<p><del>indirectly</del> from this Agreement <u>and are funded in total by the Department</u>, contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this Agreement <u>or is otherwise developed at the expense of Contractor</u>. Contractor hereby grants to DHCS, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, <del>worldwide, irrevocable</del>, perpetual, non <del>terminable</del> <u>transferable limited license to use for the internal purposes of the Department for the same or similar functions provided to the Department and utilized by the Contractor immediately prior to such transfer, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever</u>, to the extent it is incorporated <u>and remains incorporated</u> in the Intellectual Property resulting from this Agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.</p>	



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<b>Data Library Q &amp; A</b>						
27.	21	General  Data Library			<p>In addition to source code which DHCS is providing, will DHCS also provide complete inventory of source code, control and configuration files, templates, style sheets, forms flash, Java script files, image files, scheduling and batch job files, and design documents for all non-mainframe subsystems? These additional assets for each application are necessary to make the application completely functional. We must have this information to accurately verify the assets and to analyze and assess the effort to stand up and maintain the applications.</p>	<p>DHCS has supplied the updated Source DVD on a monthly basis that can be checked out through OMCP.</p> <p>The most current inventory of source code for Mainframe and Non- Mainframe has been included through an ongoing DHCS effort to cross check all subsystems and applications.</p> <p>The Department has had an index compiled that identifies the Mainframe components into categories and approximately twenty-five (25) percent of the components have been identified as inactive or obsolete. This index can be found in the data library at:  CAMMIS-FI Procurement Data Library 08-85022 &gt; Other CAMMIS Information &gt; Turnover 2008 Docs &gt; T-O Ref Items &gt; Mainframe Component Assessment</p> <p>The Department has included configuration files, templates, scheduling configurations, mapping configurations for GenTran and other ETL tools, Flash, database schemas, SQL stored procedures, ASP website code, and design documents.</p> <p>Note: AS identified in the Mainframe Component Assessment, some supplied source code on the DVDs may be inactive or obsolete and may no longer be an active part of the CA-MMIS production environment.</p>

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28.	28	General  Data Library			<p>We are trying to scope the requirements related to supporting desktop PCs that are owned by the State. Based on Final RFP, and information we have obtained from the Data Library, it is clear that the Contractor would be responsible for supporting State-owned PCs located in the FOAG locations and those located in shared facilities with the Contractor. In order to ensure that we identify the appropriate quantity of support staff and hardware/software can you confirm if the Contractor is required to support State-owned PCs located in other State facilities? If so, can you also provide the following information, or identify where in the Data Library this information can be located?</p> <ul style="list-style-type: none"> <li>Name and address of each State location where the contractor must provide local PC support, and the number of PCs to support in each location</li> <li>What is the software distribution platform used to support PCs in these locations? Is this platform owned by the State or the incumbent?</li> <li>What are the PC Image Management tools used to</li> </ul>	<p>No change required to the RFP.</p> <p>State staff counts for Contractor supplied shared facilities can be found in Exhibit E, Provision 45 On-Site Audit and Monitoring Staff for Takeover, Operations, Replacement DDI and TAR Processing Centers (TPCs).</p> <p>Please use the 2008 Loc Codes Legend to identify the different Field Office locations. The 2008 Loc Codes also specify the physical address location of the FOAG sites that have cost reimbursed equipment. This can be found in the Data Library at: CAMMIS-FI Procurement Data Library 08-85022 &gt; Other CAMMIS Information &gt; DHCS Inventory &gt; 2008 &gt; 2008 INV &gt; 2008 Completed Folder</p> <p>The 2008 Asset Final Listing contains the inventory listing for all cost reimbursed equipment residing in State facilities to be managed by the Contractor and can be found in the Data Library at: CAMMIS-FI Procurement Data Library 08-85022 &gt; Other CAMMIS Information &gt; DHCS Inventory &gt; 2008 &gt; 2008 INV &gt; 2008 Completed Folder</p> <p>The Ghosting platform and software is owned by the State and distributes the software from a State managed server for all State staff workstations. The Department uses Microsoft, Symantec and Guardian</p>

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					<p>support PCs in these locations? Are these tools owned by the State or the incumbent?</p> <ul style="list-style-type: none"> <li>What are current call metrics related to service calls to the IT Service Desk? (i.e., Number of calls, average speed of answer, abandonment rate, etc.)</li> </ul>	<p>Edge.</p> <p>The current Contractor does not track service calls at the call level and handles trouble tickets for current Contractor network and applications for internal users only. All Provider help is handled by the Telephone Service Center and tracked within the CRM application. There is no tracking of resolution times for tickets. The IT Service Desk volumes for the current Contractor can be found in the data library at: CAMMIS-FI Procurement Data Library 08-85022 &gt; Supporting CA-MMIS Information &gt; IT Service Desk Trouble Tickets</p> <p>The State staff trouble tickets are tracked in the State owned Remedy solution. Not all work has been tracked in the Remedy system for the field offices. Tracking of ongoing maintenance, including the file servers, print servers, SMS servers, SAV servers, and tasks/projects for PC/printer rollouts and mass software/hardware updates are not tracked in the Remedy system. The Remedy volumes can be found in the data library at: CAMMIS-FI Procurement Data Library 08-85022 &gt; Supporting CA-MMIS Information &gt; DHCS Remedy Trouble Tickets</p>
29.	33	General Data Library			We have compared Appendix F – MC Network Diagram to the circuits listed in Appendix G – CA-MMIS Software Master List (both documents located	<p>Updates to the documents will be included in Data Library loads.</p> <ol style="list-style-type: none"> <li>Appendix G has been updated and the connections for; DTS-Cannery – SSMC,</li> </ol>

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					<p>in the Data Library), in order to identify the Wide Area Network (WAN) and Metropolitan Area Network (MAN) connectivity currently in place. We have the following clarification questions related to these two documents:</p> <ol style="list-style-type: none"> <li>1. Appendix G lists several circuits that are not on the Network Diagram. Please clarify the requirements for these circuits: <ol style="list-style-type: none"> <li>a. One AT&amp;T DS3 circuit – DTS-Cannery – SSMC</li> <li>b. Two Verizon T1 Frame Relay circuits – SSMC – DTS</li> <li>c. One Verizon T1 circuit – PUBS – SSMC</li> </ol> </li> <li>2. Please provide the NPA-NXX for the DTS-Cannery location.</li> <li>3. The Network Diagram shows MAN connectivity between the MOB and the DHCS DTS; Appendix G shows MAN connectivity between the MOB and two DTS locations (DTS-SA and DTS-GC). Is the connectivity to a single DTS location or to multiple locations?</li> <li>4. Please provide the NPA-NXX</li> </ol>	<p>SSMC – DTS, and PUBS – SSMC have been removed.</p> <ol style="list-style-type: none"> <li>2. Refer to question #34 from a previous bulletin.</li> <li>3. The MOB connection has two separate DTS locations, one for primary and one for backup. DTS is in the process of moving locations and Contractors need to plan for the primary location being DTS-GC which is the DTS Gold Camp center and the backup being located in the new location at: 4050 Horse Creek Road Vacaville, CA 95688</li> <li>4. Refer to question #34.</li> <li>5. The Medi-Cal Network diagram will be updated for MOB. The current connection is through a DS3.</li> <li>6. Appendix G has been updated to reflect two (2) T1 circuits between MOB and SSMC. Also, there are two (2) dedicated T1 circuits that connect to DHCS. These two circuits are for State on-site staff connectivity.</li> <li>7. The circuits for the FOAG field offices terminate at DHCS headquarters, DTS-SA and DTS-GC. The field offices connect through the connections</li> </ol>

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					<p>for all DTS data centers to which connectivity is provided.</p> <p>5. Appendix G lists MAN connectivity between the MOB and the PRO, however, this connectivity is not shown on the Network Diagram. Please clarify.</p> <p>6. Appendix G lists three T1 circuits between the MOB and the SSMC, however, this connectivity is not shown on the Network Diagram. Please clarify.</p> <p>7. The Network Diagram does not show connectivity to the CA Medicaid Field Office Locations (SAC, LOS, SFO, SBR, SDG and SKT). How are these locations connected to the Contractor environment (i.e. SSMC, MOB, PRO)?</p> <p>8. The Network Diagram depicts what appears to be a connection to a network or location called 'SOOB Impervia;. Please describe the connectivity (bandwidth &amp; circuit type) and the address and NPA-NXX for the end location.</p> <p>9. Does the current network design provide Internet ports at the Medi-Cal Field Office</p>	<p>described in point 3 above.</p> <p>8. This circuit is between the MOB and PRO facilities in the diagram and the bandwidth is a dedicated DS3 for IMPERVA.</p> <p>9. The circuits for the FOAG field offices terminate at DHCS and DTS supplied end points. The bandwidth for Internet or other applications outside of the Contractor managed systems is provided by DTS.</p>

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					and Pharmacy locations? If so, what is the bandwidth in place at each of the locations?	
30.	40	Exhibit A, Attachment II  Data Library	Section C.30	56 of 319	Will the Department provide a list (by subsystem) of the number of total users and the number of concurrent users requiring access to assist the bidder in identifying user licensing requirements? For example, the following language implies there are State users of CMIS, but does not provide the number of users: The Systems of Care Division (SCD) Medical Case Management (MCM) Program also authorizes medically necessary services via the TAR. The Long-Term Care Division's In-Home Operations (IHO) Program also uses TARs. Both programs use the Case Management Information System (CMIS) concurrently to track its case managed patients.	The Department has supplied a list by application/subsystem and databases for maximum and peak users. A list of total users by application/subsystem is broken out by 2002 Contractor and DHCS users. The counts can be found in the data library at: Supporting CA-MMIS Information > Application Counts For Users.xls
31.	271	Exhibit A, Attachment VI  Data Library	Section 3.2.10.1 & Section 4.5.4	64 of 207	The RFP requires early implementation of the replacement systems for SURGE, CMIS and CMS-Net. The supporting documentation (DHSRFP6001) in the bidder's library for CMS-Net indicated that, as of June 2005, there were 55 of the 58 counties using CMS-Net. The total logon id's at that time was approx 2500 and the total concurrent users were approx 700. It was noted that if all of the	Orange and Sacramento Counties converted to CMS- NET. Los Angeles County CCS/GHPP claims are processed through the CA-MMIS. A report for all CCS/GHPP claims is located in SharePoint at: <a href="#">Supporting CA-MMIS Information</a> > TAR Processing Centers  It is anticipated, but not guaranteed, that the Los Angeles County will convert to CMS-NET in October of 2009. It is also anticipated

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					counties were using CMS-Net the total number of logon ids would double and the maximum concurrent users would be 1500. At the time of the DHSRFP6001 Los Angeles, Orange and Sacramento Counties were the 3 counties not using CMS-Net. Can the Department confirm which counties have converted to CMS-Net and if not all counties have converted is it the expectation that the bidder will be responsible for the conversion of any remaining counties?	<p>that there will be approximately 1500 peak concurrent users and 3000 user ids for CMS-NET, once LA is converted later this year</p> <p>Population – CCS, Healthy Families, CCS/Medi-cal</p> <p>Statewide Clients – 227,918  LA Clients – 47,919  LA County represents roughly 27% of population</p> <p>Total SARs received in CMS-NET for 2008 = 500,681  LA County will add an additional 140,190 SARs to that number for a total of 640,871 SARs per year.</p> <p>This population, including LA, roughly generates 5,000,000 claims per year. LA County would represent about 1,350,000 claims per year.</p>
32.	198	Exhibit A Attachment II Data Library	Section B.4.k.8)	12 of 319	The RFP describes processing of undeliverable returned cards. Can the Department confirm that the current Contractor receives approximately 4,500 return BIC cards per week for processing? Can the Department also confirm that ITSD provides the Contractor with a confirmation of the file volume and an authorization to destroy the cards within 5 business days?	<p>DHCS will clarify this language in an addendum.</p> <p>Note: The Department confirms the current FI incumbent receives approximately 4,500 returned BIC cards per week. For the current Contract, the Department confirms that ITSD does not provide the Contractor with confirmation of the file volume and authorization to destroy the cards within 5 business days.</p>
33.	567	Bulletin 26,	Section	10 of	The document titled SMCR 845 GHPP	System Maintenance Change Request

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		Question #22, Reference 270  Exhibit A, Attachment IV  Data Library	B.2.2	23	Event Tracking.doc appears to actually be a copy of SMCR 642 Web Correspondence. Please provide the correct document for SMCR 845.	(SMCR) 642 Web Correspondence includes SMCR 845 GHPP Event Tracking requirements. The document titled SMCR 845 is a duplicate and has been deleted from the SharePoint Data Library.
34.	304	Exhibit B, Attachment I  Data Library	Section A.7	46 of 58	This section details categories for cost reimbursed expenses. Several categories of cost have been removed from the current RFP when compared to the prior contract. Specifically, Telephone Toll Charges are no longer listed as reimbursable categories. This category has historically included the following components: toll free lines for provider relations, telephone lines for audio text equipment, CMC claims and TAR submission lines, PTN and Print & Distribution Center lines, OB 800 line and other beneficiary and provider lines added by change order. Please clarify if these costs will remain cost reimbursed or should the costs be included in the operational bid prices. Also, could the Department provide bidders with the average monthly cost reimbursed amounts in these areas for 2008?	DHCS will clarify cost reimbursement in an addendum.  These costs will continue to be cost reimbursed.  Bidders can find cost reimbursed amounts under the K-Cost folder in the CR INVOICES folder for each fiscal year in the data library at: <a href="#">CAMMIS-FI Procurement Data Library 08-85022</a> > <a href="#">Other CAMMIS Information</a> > Finance Invoices.
35.	493	Data Library			In the list of answers to Data Library questions OMCP provided on	The current Contractor uses the following for provider-related activities:



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					<p>01/09/2009, the following question was asked:  The Draft RFP, Exhibit A, Attachment II, Provider Section, states that the unit performs five actions: Family PACT, CMC, TAR Support, Contract of Conference Services and CHDP Gateway Services. However, the Provider Relations Procedures Manual does not reflect procedures for any of these areas.</p> <p>And the following answer was provided:</p> <p>The actions that were listed, Family PACT, CMC, TAR Support, Contract of Conference Services, and CHDP Gateway Services, are all found in separate manuals within the Provider Relations Procedures Manual. Additional information can be found in Sharepoint at the following link: CAMMIS Manuals/Provider Manual  Additional information can also be found at <a href="http://www.Medi-Cal.ca.gov">www.Medi-Cal.ca.gov</a>.</p> <p>We have reviewed the information provided in the references listed in the response to the question, and those all appear to be provider-related activities for each of these areas. The information does not, however, provide detail on what internal FI</p>	<p>a. The separate manuals used by the providers as described in the previous answer.</p> <p>b. Training materials used to train the Providers and Contractor staff included in the data library at : <a href="#">CAMMIS-FI Procurement Data Library 08-85022</a> &gt; <a href="#">Other CAMMIS Information</a> &gt; <a href="#">Medi-Cal Training</a> &gt; <a href="#">Provider Training</a> &gt; 2008 Provider Training Workbooks</p> <p>c. The scripts used by the Telephone Service consultants found on the source DVD supplied through the data library.</p> <p>d. The knowledge database of previous answers contained in the Customer Relationship Management (CRM) application.</p> <p>e. Contractor Telephone Service Center (TSC) staff skill set training requirements and training materials can be found in the data library at: <a href="#">CAMMIS-FI Procurement Data Library 08-85022</a> &gt; <a href="#">Other CAMMIS Information</a> &gt; <a href="#">Turnover 2008 Docs</a> &gt; <a href="#">T-O Ref Items</a> &gt; System Management Documentation&gt; TSC Training</p>

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					activities are performed related to each of these programs. Is there documentation available that describes these activities so non-incumbent bidders will be able to appropriately scope this effort?	
36.	518	Data Library			We have not been able to locate storage requirements for the NICE system (call logging, screen capture, audio). Will the state please provide this information in addition to the total amount of storage space used on the SAN.	The disk storage current sizing can be found in the data library for the NICE voice recording appliance. It is in Appendix G of the Hardware/Software Configuration Manual under the “software aps” category as NICE. The current disk space is a combination of six (6) NICE hardware row entries found in Appendix G spreadsheet of the Hardware/Software Configuration Manual. 58, Voice Logger 5x73gb 59, Capture 1 (Screen Logger) 3x36gb 60, Capture 2 (Screen Logger) 3x36gb 61, Capture 3 (Screen Logger) 3x36gb 63, Capture 4 (Screen Logger) 5x72gb 65, Storage 3x36gb 67, Voice Logger 68gb The 2 following servers are not used for recording storage: 66, Web Server 68, Supervisor Console
37.	520	Data Library			We have not been able to locate a security model in the CA Data library. In order to better support and plan takeover, will DHCS please provide a high-level security model for all internal applications as well as external web-site applications that are used?	DHCS has supplied copies of the network diagrams for review at the physical Data Library. Bidders can schedule appointments through Office of Medi-Cal Procurement (OMCP). The diagram security information is redacted and no copies will be supplied by the department.

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38.	526	Data Library			In order to accurately scope the takeover, and possible replacement of the Livelihood implementation we need additional information related to the current configuration and volume of data stored. There is an administrator report called the "Livelihood System Report" that would provide all of the necessary information to scope this requirement. Would it be possible to have the Livelihood administrator run this report and place in the Data Library?	<p>The administrator report called "Livelihood System Report" can be found in the data library at: <a href="#">CAMMIS-FI Procurement Data Library 08-85022</a> &gt; <a href="#">Other CAMMIS Information</a> &gt; <a href="#">Turnover 2008 Docs</a> &gt; <a href="#">T-O Ref Items</a> &gt; Livelihood_System_Report032009</p> <p>The Contractor shall be required to maintain the size of the current library estimated at 250,000 documents versus the 890,000 documents represented in the supplied report.</p>
39.	558	Data Library			<p>In the source code DVDs provided by OMCP, source code for the following non-mainframe application has not been found. Will OMCP be providing source for this application?</p> <p>Medi-Cal Portal (Single Sign-on)</p>	<p>For the Medi-Cal website (Sign-on) for Providers, the source can be found on the Source DVD at:  NonMainframe\Dimensions\DimWeb\LIBRARY_MAIN\Library\Components\SecurityServ.  The access profile and security access is stored in the Provider Master File (PMF) for access through the Medi-Cal website.</p> <p>The Medi-Cal Portal (Single Sign-on) uses LDAP to access all applications with the exception of Dimensions which has a separate login.</p>